

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/551350

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2						
3					1	
4						1
5					1	
6						1
7					1	
8						1
9					1	
10						1
11					1	
12						1
13					1	
14						1
15					1	
16			1	1		1
17					1	
18					1	
19					1	
20					1	
21						1
22					1	
23						1
24			1	1		1
25					1	
26					1	
27						1
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31					1	
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43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.					3	
TOTAL DEP.					30	
TOTAL CLAIMS					33	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.					5	
TOTAL DEP.					33	
TOTAL CLAIMS					38	